

U.S. SMALL BUSINESS ADMINISTRATION

OMB Approval No.: 3245-0016 Expiration Date: 09-30-01

SCHEDULE OF COLLATERAL Exhibit A

Applicant							
Street Address							
City	State	State			ip Code		
LIST ALL COLLATERAL TO	BE USED AS SECURIT	TY FOR THIS L	OAN				
Section I - REAL ESTATE							
Attach a copy of the deed(s) owhere the deed(s) is recorded type of construction, use, num	l. Following the address ber of stories, and pres	s below, give a bent condition (us	orief descriptio se additional s	n of the improver	ments, such as size,		
		ARCELS OF REAL	ESTATE				
Address	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lienholder		
Description(s)							

SECTION II - PERSONAL PROPERTY All items listed herein must show manufacturer or make, model, year, and serial number. Items with no serial number must be clearly identified (use additional sheet if more space is required). Description - Show Manufacturer, Model, Serial No. Original Cost Market Year Current Lien Name of Acquired Value Balance Lienholder All information contained herein is TRUE and CORRECT to the best of my knowldege. I understand that FALSE statements may result in forfeiture of benefits and possible fine and prosecution by the U.S. Attorney General (Ref. 18 U.S.C. 100). PLEASE NOTE: The estimated burden for completing this form is 19.8 hours per response. You will not be required to respond to collection of information unless it displays a currently vaild OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W. Washington, D.C. 20416 and Desk Office for Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0016). Date

Date